PTO/SB/06 (8-96)

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Index the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. APPLICATION FEE DETERMINATION RECORD Application or Docket Number 08/794.637 LAIMS AS FILED - PART I OTHER THAN SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 2) FOR **NUMBER EXTRA** NUMBER FILED BADENORY RATE FEE RATE FEE BASIC FEE O7 CFR 1.16(a)) \$770 OR TOTAL CLAIMS 31 11 minus 20 = (37 CFR 1.16(e) OR x \$22 242 INDEPENDENT CLAIMS minus 3 = 5 2 x 80 = (37 CFR L16(b)) OR 160 MULTIPLE DEPENDENT CLAIM PRESENT (07 CFR 1.16(6)) OR If the difference in column I is less then zero, enter "O" in column 2 TOTAL 172 OR TOTAL [CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY OR (Column 1) (Column 2) (Column 3) SMALL ENTITY CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE AMENDMENT TIONAL RATE TIONAL AFTER PREVIOUSLY **EXTRA** FEE FEE AMENDMENT PAID FOR Total OR Minus 121 **\$22** 31 (37 CFR 1.16(c)) 90 ,980 OR Independent ... Minus 82 (37 CFR 1.16(b)) 15 8 656 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CPR 1.16(d)) OR .636 TOTAL TOTAL OR (Column 1) (Column 2) ADDIT. FEE (Column 3) ADDIT. FEE CLAIMS HIGHEST ADDI-4 ADDI-REMAINING NUMBER. PRESENT RATE TIONAL AMENDMENT RATE TIONAL AFTER PREVIOUSLY **EXTRA** FEE MENDMENT FEE PAID FOR Total OR Minus OR Independent *** Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR: TOTAL TOTAL OR ADDIT FEE (Column 1) ADDIT. FEE (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE AMENDMENT TIONAL TIONAL RATE **AFTER PREVIOUSLY** EXTRA FEE FEE AMENDMENT PAID FOR Total (37 CPR LLEGE) OR Minus OR Independent Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 07 CFR 1.16(0) OR TOTAL TOTAL. If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". OR ADDIT, FEE ADDIT, FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Just will vary depending upon the needs of the individual case.

Any comments on the amount of time we required to complete this form should be sent to the Chief Information Offices, Patent and Trademark.

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